

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

Cheryl Berken for Registered Deeds

Street Address

PO Box 1521

City, State and Zip Code

Green Bay WI 54305



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing \_\_\_\_\_ 
 ☒ Pre-Primary 2016
☐ Spring
 ☒ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4

☒ July Continuing \_\_\_\_\_
 ☐ September Continuing \_\_\_\_\_
 ☐ Pre-Election \_\_\_\_\_

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <u>675.00</u>	\$ <u>1340.00</u>
1B. Contributions from Committees (Transfers-In)	\$ <u>—</u>	\$ <u>—</u>
1C. Other Income and Commercial Loans	\$ <u>—</u>	\$ <u>—</u>
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <u>675.00</u>	\$ <u>1340</u>

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <u>123.22</u>	\$ <u>303.21</u>
2B. Contributions to Committees (Transfers-Out)	\$ <u>—</u>	\$ <u>—</u>
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <u>123.22</u>	\$ <u>303.21</u>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <u>485.01</u>
Total Receipts	\$ <u>675.00</u>
Subtotal	\$ <u>1160.01</u>
Total Disbursements	\$ <u>123.22</u>
<b>CASH BALANCE END OF REPORT</b>	\$ <u>1036.79</u>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <u>—</u>
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ <u>—</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: <u>8-28-16</u>
Cheryl Berken	Cheryl Berken	Daytime Phone: <u>920-471-9110</u>
	Email: <u>cheryl@titlefradtsinc.com</u>	

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

# **SCHEDULE 2-A**

## **DISBURSEMENTS** Gross Expenditures

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/25	SAMS 2470 W. MASON GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	STAMPS & INK	114.23
7/25	Office <del>DEPT</del> MAX 1535 West MASON GREEN BAY WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes	8.49
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 123.22
TOTAL ITEMIZED EXPENDITURES	\$ 123.22
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 123.22



**SCHEDULE 1-A**
**RECEIPTS**
**Contributions (Including Loans) From Individuals**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

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Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
7/7	ANN Shea 711 N. Webster Ave De Pere WI 54115 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	retired	\$250.00	\$250.00
7/12	Andrey E Moen 1424 Admiral Court #511 Green, WI 54303 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	retired	\$200.00	\$200.00
7/14	Diane Sundell 3174 Alfa Romero Rd Green Bay WI 54313 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	LOAN officer	\$125.00	\$125.00
7/25	Sue Anderson 1003 Liberty St. Green Bay WI 54304 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 675.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 675.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 675.00

**\*\*\*End of Report\*\*\***

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<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☒ Fall ☐ Special Pre-Primary 2016 ☐ Continuing Report due Jan. 15, \_\_\_\_

☐ Spring ☐ Fall ☐ Special Pre-Election \_\_\_\_ ☐ Continuing Report due July 15, \_\_\_\_

☐ Continuing Report due 4<sup>th</sup> Tues Sept., \_\_\_\_

Sandra L. Juno Friends of Sandy Juno  
Name of Candidate or Committee (in full)  
616 Dauphin St. Green Bay WI 54301  
Address  
920-448-4021  
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Sandra L. Juno</u>	Date <u>7-26-16</u>	Email Address <u>junosandra@yahoo.com</u>
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ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |  
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

**Short Form for use  
"No Activity" Reporting**

**\*\*\*End of Report\*\*\***



<b>Campaign Finance Report</b> Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input checked="" type="radio"/> Fall <input type="radio"/> Special Pre-Primary <u>2016</u> <input type="radio"/> Continuing Report due Jan. 15, _____	
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____ <input type="radio"/> Continuing Report due July 15, _____	
<input type="radio"/> Continuing Report due 4 <sup>th</sup> Tues Sept., _____	
<u>Friends of Williquette Lindsay</u> Name of Candidate or Committee (in full)	
<u>719 Fredrick Ct Apt. 6, Green Bay WI 54313</u> Address	
<u>920-448-4469</u> Daytime Phone	

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Cathy Wysocki</u>	Date <u>7-27-2016</u>	Email Address <u>cathy957@sbcglobal.net</u>
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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: [GABCFIS@wi.gov](mailto:GABCFIS@wi.gov)

Short Form for use  
"No Activity" Reporting

\*\*\*End of Report\*\*\*